	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
ŀ	PATENT	9180-10CF											
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY TYPE			OTHER THAN		
Ŧ	OTAL CLAIMS	,		67				RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		MUMBER EXTRA			BASIC FE	≇ 385.00	T _{OR}	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			67 minus 20=		.47			X5 9=		OR	140.0	846	
iN	DEPENDENT C	ZAIMS	14 minus 3 =		11			X43=		OR	X86:	946	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	ESENT					+	1		173	
*If the difference in column 1 is less than zero, enter 'O' in column 2								-145=	 	IOA -	-290=	200	
			TOTAL	<u>.</u>	JOR	TOTAL	7.28.7						
CLAIMS AS AMENDED - PART II 12) (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 58	Minus	- 47		•		XS 9=		OR	X\$18=		
	Independent	- 14	Minus	1 (9		-		X43=		OR	X86*		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
6.9 (Column 1) (Column 2) (Column 3)							F	YOTAL DOIL FEE		OR	YOTAL ADOIT FEE		
							_	DUII. PEE			HEART. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOI PAID F	EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· <i>53</i>	Minus	- 5	8	•		X\$ 9=		OR	X\$18=		
	Incependent	. 13	Minus	/	φ	· 4		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
	alila.			. •				TOTAL OUT. FEE	· · · ·	OR.	TOTAL COST. FEE		
_	011100	(Column 1)		(Cotum		(Catumn 3)	_	· 	•	•		<u>_</u> .	
ところ	•	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	en PSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z E	Total ·	. 45.	Minus	- 5°2		•		X\$ 9=		OR	X\$18-		
	Independent		Minus	14		•	+	X43=		1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv	OR			
• 0	* If the critry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+290=		
-6	the "Highest Nur the "Highest Nur	nber Previously Pai inber Previously Pai	d for IN THE d for IN THE	S SPACE IN I	ess than	20, enter "20." 3, enter "3."	_	TOTAL DIT. FEE			DOTT. FEEL		
		ber Proviously Paid					lound	in the app	ropn ate bez	in colu	aan 1.		
					,			•			OTHERS PA	Court of Co	